

Briefing from the Board meeting held on 27 September 2018

This briefing is intended to give a summary of the key areas of discussion and decisions at the meeting of the Board of Oxfordshire Clinical Commissioning Group (OCCG) and is intended for circulation. The minutes will provide the official record of the meeting. The agenda and all papers related to the agenda are available on the [OCCG website](#).

Patient story: Click [here](#) to hear from patients and staff at the Rapid Access Care Unit, based in Townlands Memorial Hospital.

Questions:

Q: Campaigners from Wantage attended the meeting and asked why Wantage Community Hospital was closed due to Legionella risk, while the Churchill Hospital in Oxford was allowed to stay open when it was also at risk of Legionella?

A: The frustration of people in Wantage about the future of the hospital was acknowledged by the board which said it was doing what it could to accelerate the pace of the decision making, without short cutting any consultation process.

Q: Why are printed copies of board papers not available in council offices and libraries for people without internet access?

A: The board agreed to make printed copies available in those locations.

Chief Executive's Report: Highlights include:

- Louise Patten reported that OCCG is working with colleagues at the county and district councils to ensure the health services are represented in discussions on planning and housing growth across the county.
- Good progress has been made with West Oxfordshire District Council in developing a joint approach to planning
- Louise Patten confirmed that Care Quality Commission inspectors are returning to Oxfordshire sooner than expected to review the improvements made to health and care systems working together.

Locality Clinical Director Reports: The Locality Clinical Directors' reports give an outline of activities in each of the six localities. The paper is available on the OCCG [website](#).

- Professor Louise Wallace, chair of the Quality Committee, asked for more information about the proposals for an integrated front door (IFD) to urgent care services in Banbury. There is still work to be done to create a model for the IFD which can be presented to patients and GPs and could be operating as a pilot scheme this winter. The learning from this pilot could be applicable to other localities.
- Issues with care packages for patients in Didcot and Wallingford were raised. It is hoped that the creation of the Winter Team and co-ordinated system working will help ease these issues.

Finance report Month 5 and Financial Recovery Plan: The full report can be found [here](#). OCCG's Financial Recovery Plan (FRP) is making good progress and is expected to deliver its break even target at year end. OCCG has not made any decisions to

decommission service. The activity management plan is continuing to look at over-performance by OUHFT, especially in urgent care. Although the FRP is currently about short-term savings it is hoped that its processes and criteria can be used for budget setting in future years

Integrated Performance Report: The Integrated Performance Report is designed to give the Board assurance of the processes and controls around quality and performance. It contains analysis of how OCCG and associated organisations are performing. The full report can be found [here](#). Highlights include:

- Continued progress is being made on Delayed Transfers of Care as average days lost to DToC continue to fall. There is room for confidence that this will ease pressure during the winter.
- All patients who are waiting longer than 52 weeks for treatment are being reviewed to understand whether they have suffered moderate or severe harm as a result of the delay and appropriate action will be taken through the serious incident process if necessary.
- A discussion took place on ways to improve the 18 week RTT performance which will lead to moving money to fund priorities.
- It was noted that the numbers of Oxfordshire people registered with a learning disability who were taking up health checks has risen to 66%.

Integrated Respiratory Team Pilot: A joint working project between OCCG and Boehringer Ingelheim Ltd. The full report can be found [here](#). The Board approved the joint working project to develop an enhanced integrated multi-disciplinary respiratory team (IRT) to:

- Increase and improve accurate, timely diagnosis of respiratory disease
- Identify a cohort of patients who are at risk of respiratory admissions
- Optimise clinical management, and
- Introduce early holistic and end of life care
- Integrate the care of patients within primary and secondary care and community settings

The Oxfordshire Children and Young People's Plan: The full report can be found [here](#). The plan is the key partnership strategy outlining what organisations who work with children and families, can do together to improve outcomes. The plan has been produced together with young people and parents, with strong engagement from the voluntary and community sector. Strategic oversight of the delivery of the plan will be with the Children's Trust and Health and Wellbeing Board.

Oxfordshire Workforce – update. The full report can be found [here](#). It was noted that a more fluid workforce could work across all systems to ensure people could be cared for at home rather, than be admitted into acute hospitals. In addition, it was proposed to reach out to schools to make students aware of the career opportunities available in health and social care.

Other Reports: The Corporate Governance Report, Strategic Risk Register, minutes of the Finance Committee, CCG Executive Committee, and the Oxfordshire Primary Care Commissioning Committee. The full papers and reports can be found [here](#). All [Board papers](#) and this [summary briefing](#) are published on the OCCG website.

By working together we will have a healthier population, with fewer inequalities and health services that are high quality, cost effective and sustainable.